



AFFIDAVIT OF COMPLAINT

Leon County Animal Control, 501-B Appleyard Drive, Tallahassee, FL 32304
Phone: 850/606-5400 FAX: 850/606-5401

Any person who knowingly gives false information may be prosecuted under Chapter 837, F.S.

Complainant's Name: _____ Phone No.: _____

Address: _____

I hereby request that Leon County Division of Animal Control investigate and, if valid, issue a citation to the pet owner listed below. That I have personally witnessed the following incident.

Description of Nuisance or Complaint: _____

Date(s) of Occurrence: _____ Time(s): _____

Description of Animal(s):

Species	Breed	Color	Sex	Age
---------	-------	-------	-----	-----

Do you know or have knowledge of the animal's possible owner? Yes _____ No _____

Owner's Name: _____ Phone No. _____

Address: _____

I understand that by giving this sworn statement it will be necessary for me to appear before the Leon County Circuit Judge if this citation is contested or if the defendants appearance before the Circuit Court is mandatory.

Complainant's Signature

DAC Employee Recording Complaint/Date

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me or has produced _____ as identification.
(Driver license, state ID, etc)

NOTARY PUBLIC, State of Florida
County of Leon

My Commission Expires: